Alaska Department of Revenue
Permanent Fund Dividend Division

2023 Child Prior Year Non-Filer

This is not an application.

PFD Division Use Only

20230

Child's Printed Name	Child's Social Security Number	Child's Date of Birth

1. Explain why you or another adult did not apply for a 2022 Permanent Fund Dividend for the child named above. Attach additional sheets if necessary.

2. What is your relationship to the child (Mother, father, grandparent, family friend, etc.)?

3. Was the child (named above) absent from Alaska at any time from January 1, 2021 through December 31, 2022?
Yes ☐ No ☐

4. If **Yes** to question 3, list the dates the child named above was absent from Alaska during the period between January 1, 2021 through December 31, 2022. Write the absence code in the space provided and explain the reason for each absence. Attach a separate sheet for additional absence dates.

Code (A-Q)	**Absence Begin Date** Month/Day/Year	**Absence End Date** Month/Day/Year	**Why was the child absent?**

Absence Code

A. Accompanied an **eligible adult Alaska resident.**

B. Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). *Download an Education Verification form at www.pfd.alaska.gov.*

D. Received continuous medical treatment under a licensed physician's care. *Download a Medical Treatment Verification form at www.pfd.alaska.gov.*

G. Trained or competed as a member of the U.S. Olympic team. *Attach proof*

I. Other reasons, including vacation. *Attach explanation.*

L. Cared for a parent, spouse, sibling, child or stepchild with a critical life-threatening illness which required the ill individual to leave Alaska for treatment.

N. Provided care for a terminally ill family member. *Download a Physician's Statement for Terminally Ill Care form at www.pfd.alaska.gov.*

O. As part of a legal custody agreement. *Attach a copy of the agreement in effect during calendar year 2022*

Q. Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). Download an Education Verification form at www.pfd.alaska.gov.

S. Permanently relocated outside Alaska.

Notice: You must provide the requested information within 30 days after the date of this request. If you do not, your child's application will be denied in accordance with 15 AAC 23.173(d).

5. If the child was absent and out of state with a person other than yourself, name that person below.

Full Name of Person	Is this person an Alaska Resident? ☐ Yes ☐ No
Mailing Address	
City, State, Zip Code	
Relationship to Child	Daytime Telephone

Sponsor Signature is Required

Release of Information: I authorize the release of confidential records to the Alaska Department of Revenue necessary to verify this child's eligibility for the Permanent Fund Dividend, including but not limited to confidential records from financial, private, and education institutions; state, federal or other public agencies, including but not limited to, Internal Revenue Service, Social Security Administration, the Alaska Department of Health (DOH), Division of Public Assistance and the Alaska Department of Family and Community Services (DFCS), Alaska Office of Children's Services; any other state or country, including but not limited to state and local taxes, employment, education, or public assistance benefits. I understand that this information may be used in administrative and/or criminal proceedings. I agree that a copy of this authorization is as valid as the original.

Sponsor Signature	Date
Printed Name	
Social Security Number	Date of Birth
Daytime Telephone Number	Email Address